

A09203

Franklyn Financial Services Corporation

P.O. Box 98

Orlando, FL 32817

(610) 388-9600

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-02/08/00--01028--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

January 31, 2000

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Quincy Associates  
Document #A09203

Via Certified Mail

Return Receipt Requested

Z 372 007 504

Gentlemen:

Enclosed please find the completed and executed Florida Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both along with our check #561 in the amount of \$35.00 for the filing fee.

Should you have any questions regarding this filing, please contact me at (610) 388-9600.

Sincerely,



Michael A. Lynam  
Chief Accounting Officer

MAL:dd  
Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -7 PM 4:03

A09203

Name	10-2-10
Availability	
Signature	
Under Secretary	
Secretary	
Integrity Assessment	

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Quincy Associates, Ltd.  
Name of the limited partnership

2. 08/12/1980  
Date of filing/registration in Florida

3. A09203  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name  
1200 S. Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip


5. The name and address of the new registered agent and/or office:  
Brandywine Financial Services Corporation  
Bruce E. Moore  
Name

2637 McCormick Drive  
Florida street address (P.O. Box not acceptable)  
Clearwater, FL 33759  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

00 FEB -7 PM 4:03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS